



**TRANSMITTAL  
FORM**

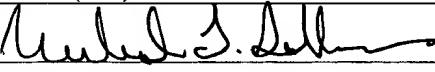
(to be used for all correspondence after initial filing)

|  |   |                        |                              |
|--|---|------------------------|------------------------------|
|  |   | Application Number     | 09/782,936                   |
|  |   | Filing Date            | February 14, 2001            |
|  |   | First Named Inventor   | Vivian E. Mack Strong et al. |
|  |   | Group Art Unit         | 1614                         |
|  |   | Examiner Name          | Frederick F. Krass           |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 19603/4071 (CRF D-2598A)     |

**ENCLOSURES (check all that apply)**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply (\$ _____)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (\$450.00)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement (\$ _____)<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____)<br><input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition (\$ _____)<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer (\$ _____)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group (\$250.00) (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Check in the amount of \$700.00<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|  |   | Remarks   |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.   |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |  |
|-------------------------|---|--|
| Firm or Individual name | Michael L. Goldman<br>Nixon Peabody LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1304<br>Fax: (585) 263-1600 |  |
| Signature               |    |  |
| Date                    | Registration No. 30,727<br>September 6, 2005  |  |

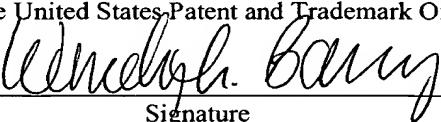
**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

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September 6, 2005

Date

  
Signature  
Wendy L. Barry

Typed or printed name